

# **Principles of Effectiveness and Performance Indicators**

**for Programs Under  
The Safe and Drug-Free  
Schools and Communities Funding**



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# FOREWORD

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This document is designed to assist local school districts develop Safe and Drug-Free Schools and Communities (SDFSC) programs that are **effective** and **well-conceived** and that have **measurable goals**.

The SDFSC program has now been in place for ten years in Montana. As users of SDFSC resources, the state and local education agencies (i.e., SEA and LEAs) need to assess where we have been, where we are, and where we are going. Simply putting a program in place is not sufficient. The SEA and LEAs need to collectively determine if SDFSC programs are deterring violence, drug and alcohol use, and tobacco use.

In an effort to get SEAs and LEAs to assess whether the programs they are using to deter violence, drug and alcohol use and tobacco use among adolescents, the U.S. Department of Education has proposed new requirements on the use of funds received under the Safe and Drug-Free Schools and Communities Act. These new requirements are included in a notice from the U.S. Department of Education; the notice itself is included in this publication as the *Introduction*. Using the principles of effectiveness set forth in the USDE notice as the impetus to provide guidance to local schools, this publication is intended to assist schools in implementing effective programs that will meet the requirements of the principles of effectiveness.

This document provides guidance to school districts in selecting programs that have been shown to be effective. It also provides a process for local districts to determine their own measurable performance indicators...with a means to assess those performance indicators.

Montana educators have a long tradition of providing effective education and effective programs. We need to be able to show Congress that this is also the case with the SDFSC program. It is fair of Congress to ask questions about a program they are requested to fund on an ongoing basis. The SEA and LEAs need to be able to show Congress that SDFSC program funds are being utilized appropriately and effectively.

Please use the information provided in this document to develop your own performance indicators and determine the effectiveness of the programs you are providing students in your district.

For further assistance, call the SDFSC program at the Office of Public Instruction at 444-1964.

Spencer Sartorius  
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# INTRODUCTION

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The SDFSCA, as reauthorized in 1994 by the Improving America's Schools Act (Public Law 103-382), offers states, school districts, schools, and other recipients of SDFSCA state grant funds wide latitude in using these funds to implement the kinds of drug and violence prevention programs that they believe best serve their needs. While the administration favors local discretion over federal prescription in the use of SDFSCA state and local grant funds, the administration also has a responsibility to promote the most effective possible use of these limited resources, which in many instances are the only funds available to local schools to address their youth drug and violence problems. With information about promising and successful drug and violence prevention programs and strategies becoming more available [for example, see National Institute on Drug Abuse publication number NIH 974212, *Preventing Drug Abuse Among Children and Adolescents: A Research-Based Guide* (March 1997)], state and local decisions about which prevention approaches to implement should be guided by research on best practices. Furthermore, schools and community organizations that initiate activities designed to prevent youth drug use or violence without conducting a high-quality needs assessment or establishing clear and objective measurable expectations about program outcomes have difficulty determining whether their programs are successful.

Therefore, as one of a series of activities designed to improve the quality of drug and violence prevention programming implemented with SDFSCA funds, the Secretary is proposing that all SDFSCA State Grants program funds be used to support only activities that implement research-based drug and violence prevention strategies and programs in a manner consistent with the Principles of Effectiveness set forth in this Notice. These principles, in conjunction with existing statutory and regulatory provisions, would help ensure that state and local education agencies, governors' offices, and community-based organizations plan and implement effective drug and violence prevention programs.

PROPOSED PRINCIPLES OF EFFECTIVENESS: To address the concerns discussed above, the department's fiscal year 1998 budget proposal includes appropriations language that would require all recipients of SDFSCA State Grant funds to use their Title IV funds in a manner consistent with the department's final statement of these Principles of Effectiveness. In developing these principles, the department has reviewed research findings and the best available practices related to making schools drug- and violence-free, and has initiated a number of informal discussions with members of the public and the research community on how these principles might improve the outcome of programs supported with SDFSCA funds.

The proposed principles are set forth later in this *Introduction*. If Congress enacts the department's proposed appropriations language for fiscal year 1998 and for subsequent fiscal years, these principles would apply, by law, for each of those years to all recipients of SDFSCA State Grant program funds in designing, implementing, and assessing their SDFSCA drug and violence prevention programs in conjunction with existing statutory and regulatory requirements of the

SDFSCA. Within the context of these principles, program recipients would still be free to determine for themselves the activities that best meet their needs.

The department is considering various strategies—such as issuance of further guidance and technical assistance—to ensure that recipients understand the final principles and know how to implement them to promote the effective use of SDFSCA funds. Between now and July 1, 1998 (when fiscal year 1998 Title IV funds become available for obligation), the department will work with recipients of SDFSCA funds to help them understand and implement these Principles of Effectiveness. The department also will monitor states' implementation of principles.

*Statement of Proposed Principles of Effectiveness for the Safe and Drug-Free Schools and Communities Act State Grants Program*

Having safe and drug-free schools is one of our nation's highest priorities. To ensure that recipients of Title IV funds use those funds in ways that preserve state and local flexibility but are most likely to reduce drug use and violence among youth, such recipients shall—

- **Base their programs on a thorough assessment of objective data about the drug and violence problems in the schools and communities served.** *Each SDFSCA grant recipient shall conduct a thorough assessment of the nature and extent of youth drug use and violence problems. Grantees are encouraged to build upon existing data collection efforts and examine available objective data from a variety of resources, including law enforcement and public health officials. Grantees are encouraged to assess the needs of all segments of the youth population. While information about the availability of relevant services in the community and schools is an important part of any needs assessment, and while grantees may wish to include data on adult drug use and violence problems, grantees shall at a minimum include in the needs assessment data on youth drug use and violence.*
- **Design their activities to meet their measurable goals and objectives for drug and violence prevention.** *Sections 4112 and 4115 of the SDFSCA require that grant recipients develop measurable goals and objectives for their program activities. Grantees shall develop goals and objectives that focus on program outcomes, as well as program implementation (sometimes called "process" data). While measures of implementation (such as the hours of instruction provided or number of teachers trained) are important, they are not sufficient to measure program outcomes. Grantees shall develop goals and objectives that will permit them to determine the extent to which program activities are effective in reducing or preventing drug use, violence, or disruptive behavior among youth.*
- **Design and implement their activities based on research or evaluation that provides evidence that the strategies used prevent or reduce drug use, violence, or disruptive behavior among youth.** *In designing and improving their programs, grant recipients shall select and implement programs that have demonstrated that they can be effective in preventing or reducing drug use, violence, or disruptive behavior. While the U.S. Department of Education recognizes the importance of flexibility in addressing state and local needs, the department believes that the implementation of research-based approaches will significantly*

*enhance the effectiveness of programs supported with SDFSCA funds. Grantees are encouraged to review the breadth of available research and evaluation literature in selecting effective strategies most responsible to their needs, and to replicate these strategies in a manner consistent with their original design.*

- **Evaluate their programs periodically to assess their progress toward achieving goals and objectives, and use their evaluation results to refine, improve, and strengthen their program, and to refine their goals and objectives as appropriate.** *Grant recipients shall assess their programs and use the information about program outcomes to re-evaluate existing program efforts. While the department recognizes that prevention programs may have a long implementation phase, may have long-term goals, and may include some objectives that are broadly focused, grantees shall not continue to implement strategies or programs that cannot demonstrate positive outcomes in terms of reducing or preventing drug use, violence, or disruptive behavior among youth. Grantees shall use their assessment results to determine whether programs need to be strengthened or improved, and whether program goals and objectives are reasonable or have already been met and should be revised.*





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# BACKGROUND

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Recently, questions about the effectiveness of the nation's drug and alcohol prevention efforts have surfaced from a variety of sources, including Congress, the media, school and program administrators, parents and the business community. Most of the questions have surfaced because many surveys indicated that, even though a huge amount of funding went into prevention efforts, there was no significant decrease (in some instances, an increase has been reported) in the rate of alcohol, tobacco and other drug use by the nation's adolescents. One of the more noticed controversies centers on one of the nation's most popular, highly visible programs: DARE. Questions center on why DARE is being implemented so widely when most evaluations show that it has a minimal long-range impact on student use of alcohol, tobacco and other drugs. The same questions asked of the DARE program could be, and maybe should be, asked of all programs.

The intent of the Safe and Drug-Free Schools and Communities (SDFSC) program has always been to provide effective programs to prevent or reduce adolescent use and abuse of alcohol and other drugs. More recently, preventing adolescent tobacco use and adolescent violence have been included. To determine whether effective programs were being provided, a further intent of the SDFSC program was that schools would evaluate their programs -- improve program components that need improvement, eliminate components that do not work, and keep components that do. Most Montana school districts have done a good job of putting programs in place: student assistance programs, focus group programs, prevention curricula, before and after-school programs, aftercare programs and peer counseling programs. But evaluation of those programs has been a different story. It's as if once a program has been implemented, it's going to stay, period! To foster better programming in SDFSC, the President's fiscal year 1998 budget includes appropriations language that would improve the accountability of the SDFSC program by **requiring recipients of SDFSC state grants to use these funds for prevention strategies that meet principles of effectiveness published by the Secretary of Education.** These principles, which have been published in the Federal Register, are outlined in this paper.

Another effort relating to this issue has recently been undertaken by the federal government. The Government Performance and Results Act (GPRA) requires federal departments and agencies to develop **performance indicators** for the programs they administer. This means that for each program in each agency at the federal level, a set of program goals, indicators (or targets/benchmarks), and sources of the data will be identified. Like all programs, the SDFSC program at the federal level has done this. As a part of Montana's Consolidated Plan (which includes Titles I, II, IV-SDFSC and VI), the Montana SDFSC program has done the same thing for the state level. The SDFSC program staff have developed performance indicators and identified data sources to use in measuring accomplishment levels within the performance indicators. This directly relates to the "principles of effectiveness" in that the performance indicators serve as the basis for evaluation of SDFSC prevention efforts. If this process is taken one step further to establish comparable

measurements at the local school district level, the result is consistent performance indicators for national, state and local levels. We can show the effectiveness of our programs and the effect they are having on students.

This paper will serve to bring the collateral state and local efforts together. It is designed to be a user-friendly document for local school district use in designing local performance indicators and establishing local principles of effectiveness that local districts can use in determining how to improve existing local program efforts. Appendix A has the performance indicators for the federal SDFSC program listed in chart form along with the sources of measurement data. Appendix B has the performance indicators the Office of Public Instruction has submitted as state indicators. Appendix C has a set of indicators designed as **sample local** indicators that local school districts could adopt or modify into appropriate indicators for the local district. All the indicators—national, state and local—have been put into the same format. The indicators tend to “build” on each other to give a consistent basis for measurable effectiveness throughout the federal, state and local network of SDFSC program services.

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# PART I. PRINCIPLES OF EFFECTIVENESS

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The following principles have been identified by the USDE's SDFSC program. The principles are grounded in current research and are designed to ensure that, within the flexible framework of the SDFSC Act, states and school districts spend their SDFSC funds in the most effective manner possible. The authorizing statute currently is so flexible that recipients of these funds may be using them to support activities that are the most popular or the easiest to implement, but not necessarily the most effective at reducing drug use and violence among youth. The following principles of effectiveness are intended to preserve state and local flexibility while ensuring that program funds are used in a manner most likely to result in positive outcomes.

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## Principle 1

*Local SDFSC prevention programs shall base their programs on an assessment of objective data about the drug and violence problems in the schools and community served.*

This principle requires school districts to collect data about the scope of adolescent alcohol, tobacco and other drug use and abuse (or simply, ATODA) and on adolescent violence. Further, this principle requires the schools to base their local prevention programs on the needs identified. There is a significant amount of objective data available to schools that can be used to address the principles of effectiveness and the performance indicators found later in this paper.

What are some common data sources for collecting objective data on the drug and violence problems among adolescents in schools and communities?

- Many schools conduct student ATODA surveys. Some schools have developed their own survey while others have purchased commercial surveys (such as the PRIDE Questionnaire from the Parent Resource Institute for Drug Education, Inc., Atlanta, GA or the American Drug and Alcohol Survey (RMBSI) from the Rocky Mountain Behavioral Science Institute, Inc., Fort Collins, CO).

Other schools take advantage of a no-cost option for survey and data analysis in order to preserve their limited SDFSC funds for prevention programs. This option is the

Montana Youth Risk Behavior Survey (YRBS). The YRBS includes ATODA issues, violence-related issues, and other behavioral health risk issues. If a school district participates in the YRBS, each school within the district receives its own local data. For districts that are not participants in the survey, the statistical data collection methodology of the YRBS produces survey data which reflects all Montana adolescents whether or not they directly participated in the survey. The YRBS is administered by the Office of Public Instruction every other year on odd-numbered years at no cost to local school districts.

The Montana YRBS provides student data on alcohol, tobacco and other drug use, as well as on adolescent violence. The Montana YRBS is distributed to all Montana schools. The YRBS data has been collected in 1991, 1993, and 1995; 1997 data will be collected in the spring with data reports available in the fall.

Other sources of school data:

- Most schools collect data regarding the number of truancies, gun-free school incidents, disciplinary actions and school dropout numbers.

Other data resources:

- The **Montana Kids Count Data Book** is published annually by the Montana Coalition of Healthy Mothers, Healthy Babies. This data book covers issues related to alcohol, drugs, crime, violence, poverty and education. This book provides information on both statewide and county-specific levels.
- Local police or juvenile justice authorities may have information on numbers of arrests for ATODA or violence-related issues.
- The Montana Board of Crime Control publishes its **Crime in Montana Annual Report** which includes a section on juvenile crime statistics.
- Local health departments and social service agencies may have valuable information regarding health and social problems among youth. This information might include statistical data on such things as vehicular accidents involving alcohol and adolescents.

Local school districts need not create a lot of surveys and generate a lot of data because there is much useful data that already exists. The role a local school district can serve is to collect existing data which reflects their youth and develop a "profile" of the youth in their community. In essence, this is a needs assessment.

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## Principle 2

*Local SDFSC prevention programs shall design their activities to meet their measurable goals and objectives for drug and violence prevention.*

Measurable goals and objectives for the local SDFSC program should be based on the needs assessment identified under Principle 1. Goals are generally long-term, multi-year targets while objectives are generally shorter-term, single-year targets that are subsets of the goal and are to be achieved in order to reach the goal. Goals and objectives may vary in their scope and could include targets for administration, personnel, programs and students. Examples of goals and program objectives follow (note that in each example, a baseline and a measurable outcome are established):

- *Administration*

Goal: To increase drug and alcohol prevention efforts in health education classes.

Objective: To increase the number of health education classes in which drug and alcohol prevention is taught from four classes (10 percent of all health education classes) to 40 classes (100 percent of all health education classes) by June 1998.

This objective establishes a baseline of four classes currently teaching the specified content area and a measurable outcome of teaching the content area in all health education classes. Administrative goals and objectives would require administrative mandates to accomplish.

- *Personnel*

Goal: To increase the number of school personnel trained in an established prevention program.

Objective: To increase the number of school district personnel trained in Community Intervention from 26 persons (25 percent of all school personnel) to 78 persons (75 percent of all school personnel) by June 1998.

- *Program*

Goal: To have a program component currently available in one grade made available to all grades.

Objective: To increase the number of grades providing DARE from two grades (5 and 6) to six grades (5, 6, 7, 8, 9 and 10) by June 1998.

- *Student*

Goal: To reduce tobacco use among junior and senior high students.

Objective: To decrease the use of tobacco products from 20 percent of junior students and 23 percent of high school students to 15 percent of junior high and 18 percent of high school students by June 1998.

Compliance with Principle 2 will be easier to accomplish after reviewing the appendices to this paper that presents goals, performance indicators and data elements.

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## Principle 3

*Local SDFSC prevention programs shall base the design and implementation of their activities on research or evaluation that provides evidence that the strategies used prevent or reduce drug use, violence, or disruptive behavior among youth.*

This principle is not easily dealt with, but it does not have to be overly complicated either. Many commercial programs have been evaluated either by the program's developer or by independent evaluators. Publications such as **Making the Grade: A Guide to School Drug Prevention Programs** (available from Drug Strategies, 2445 M Street, NW, Suite 480, Washington, DC, 20037) or **What Works? A Guide to School-Based Alcohol and Drug Abuse Prevention Curricula** (available from the Health Promotion Resource Center, Stanford Center for Research in Disease Prevention, 1000 Welch Road, Palo Alto, CA 94304-1885) provide an evaluation of numerous prevention programs.

Research tenets that have evolved recently have been disseminated to the field primarily by the Western Center for Drug-Free Schools and Communities. The Western Center recently became a part of the Northwest Regional Assistance Center (NWRAC) for Region X, which includes Montana. The NWRAC has a variety of written materials dealing with prevention research in risk/resiliency factors, as well as with program evaluation. The NWRAC is part of the Northwest Regional Educational Laboratory, 101 S.W. Main Street, Suite 500, Portland, OR 97204. In addition, the Office of Public Instruction has mailed to all schools several documents dealing with what the research has shown to be effective, including:

- **Drug-Free Schools and Communities Program Planning Guidelines and Community Inventory, 1991;**
- **Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community;**
- **Using Community-Wide Collaboration to Foster Resiliency in Kids: A Conceptual Framework; and**



- Systemic Evaluation: A New Approach to Assessing the Effects of Tobacco, Alcohol and other Drug Prevention Programs.

All of these publications are currently available to schools to read and/or download through METNET.

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## Principle 4

*SDFSC prevention programs may use prevention approaches that have not yet been proved effective if the programs are part of an evaluation-based demonstration designed to validate the effectiveness of the approach.*

It is not the intent of the USDE's SDFSC program to require schools to only use proven effective programs. How else would prevention research expand and improve unless new programs could be tested? Nor is it the intent of the USDE that research be conducted only by universities or medical institutions or in large cities. Research can be conducted anywhere and by anyone! What the USDE is saying is that if a local school has an idea that would work in their school, in their community, and with their kids...give it a try! However, the program idea must be planned in terms of design, implementation and evaluation. At the end of an appropriate assessment period, the local school must know whether the program needs to be modified before it can continue, be continued as is, or be eliminated. The way to accomplish this is to plan for the evaluation "up front." The program to be tried should have measurable goals and objectives, and the sources of data to be used in the evaluation should be identified beforehand. This process is not preemptively difficult, but it does take preplanning.

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## Principle 5

*Local SDFSC prevention programs shall evaluate their programs periodically to assess their progress toward achieving their goals and objectives.*

This principle will be made more clear as districts begin the process of developing prevention program goals and performance indicators and identifying sources of data (see Part II Performance Indicators later in this paper). However, it should be pointed out that most or all school districts *are collecting information now that is part of their program assessment!* The Montana SDFSC program currently collects two pieces of information designed to be a part of a local school district's program assessment:

- **Final Report, Safe and Drug-Free Schools and Communities Program (Base Grant)** which is completed on an annual basis, and the
- **Evaluation Report, An Evaluation of the Alcohol, Tobacco and Other Drug Abuse Prevention Programs in Montana Schools** which is completed and compiled every other year on even numbered years from information supplied by all districts involved in the SDFSC program.

The data elements described under Principle 1 also play a role in program evaluation under Principle 5.

Other components of program evaluation could range from a formal survey of parents' attitudes and beliefs concerning the program to an informal focus group of teachers talking about their perceptions of student behavior since the program was initiated. Some fundamentally important concepts for program evaluation are to collect pertinent information, determine what it means, and apply it to the program.

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## Principle 6

Local SDFSC programs shall use their evaluation results to correct approaches that are not working, to strengthen approaches that are working, and to refine their goals and objectives.

This principle is the logical next step to Principle 5. Principle 6 simply says that when evaluation information is collected, use it. The information is to be used to support the continuation of the program or to make program changes, such as eliminating or modifying program components. This principle also requires the use of evaluation results in modifying the goals and objectives established under Principle 2. Thus, the scope of measurable program objectives might change, for example:

1998 Objective: To reduce alcohol use among 12th grade students from 90 percent to 80 percent by June 1998.

After data results showed that the district actually did reach this objective, the objective was modified the next year to:

1999 Objective: To reduce alcohol use among 12th grade students from 80 percent to 60 percent by June 1999.

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## Principle 7

*Unless part of a larger, comprehensive program, SDFSC funds may not be used for one-time events of short duration, approaches that provide only information about the characteristics and effects of drugs, or self-esteem-building activities.*

This is an important principle of effectiveness and fits into the philosophy taken by the OPI in its SDFSC program for the past 10 years. Principle 7 addresses several types of approaches that have been shown to have limited impact on adolescent health risk behavior, yet all of these approaches have been used in Montana. Many schools have had single-event programs as **their prevention effort**. Research has shown that single events of short duration do not have much (or any) impact on student behavior. Events such as the recovering alcoholic who gives a talk at an all-student assembly about the “evils of alcohol” do not have much of a long-term impact on student attitudes or perceptions and literally no impact on behavior. However, such speakers could play a useful role within a well-designed prevention program. The OPI has developed “*Guidelines for Non-School Personnel Presenting Health Programs in Montana Schools*” (found in Appendix E). These guidelines explain the responsibilities and rights of both the speaker and the school. Part of the responsibility of the school is to ensure that the speaker be used within the context of its larger prevention education program and that students have teacher-led pre-speaker and post-speaker discussion. These discussions are logical educational elements because they make the impact of the speaker much more pronounced. However, the use of a speaker as a single, stand-alone event should be discontinued!

Also, programs that are narrow in focus—such as only providing information on the characteristics and effects of drugs without dealing with emotional and social issues, or self-esteem-building programs only—should be discontinued. Adolescents need to have a broad background in dealing with ATODA and violence issues. This background needs to include physical, emotional and social elements. Many self-esteem programs may go beyond a self-esteem only approach and include the other elements as well. Some programs might focus on self-esteem at a certain grade and then proceed to the other elements at subsequent grades. Since there are no program requirements that necessitate that all elements be presented within a single unit or within a single year, the flexibility in how and when to implement a comprehensive self-esteem program targeting alcohol, tobacco, other drug use and violence prevention is given to the district.

### Other Findings on Program Effectiveness

In 1991, the U.S. Department of Education contracted for a study of the effectiveness of school-based drug prevention programs. The study looked at selected school districts for five years and investigated “the effectiveness of school-based prevention programs in school districts receiving funds through DFSCA.” The results of the study were presented in February 1997 via the report *School-Based Drug Prevention Programs: A Longitudinal Study in Selected School*

**Districts.** Since the study's findings relate to the principles of effectiveness previously cited in this paper, the findings are presented here for consideration in program planning, development and evaluation.

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## Summary of Findings

- **Some drug prevention programs improved student outcomes, but effects were small.**

Student outcomes were somewhat better in districts where the prevention programs had greater stability over time and in districts with more extensive program components, including student support services. Though significant, the differences in terms of student outcomes were small.

Students who said they had participated in either or both of the following activities had better outcomes: prevention-related classroom instruction and special schoolwide events.

- **Few schools employed program approaches that have been found effective in previous research.**

The consensus of the current research literature in the area of drug prevention is that certain approaches, such as those that teach children how to resist and deal with the powerful social influences for using drugs and those that correct the misconceptions of peer drug use, have the greatest potential for making a difference for students.

While all school districts conducted informal assessments of their programs periodically, fewer than half conducted and responded to the evidence of more formal evaluations in selecting or altering their programs.

- **Program delivery was variable and inconsistent, even within schools.**

The amount and content of prevention programming varied greatly from classroom to classroom and school to school, even within districts that were attempting to deliver consistent programs.

- **Programs employed multiple components.**

Most of the schools in the study provided both classroom instruction and student support services as part of their drug prevention efforts.

- **Student behaviors, beliefs and attitudes about drugs mirrored national trends.**

Alcohol was the most widely used substance for students at any grade level, and it was also the first drug that most students tried.

Students believed that their peers approved of drugs more than they themselves did (and more than their peers reported) and also held inflated beliefs about the amount of drugs their peers used.

The use of drugs was related to violent behavior in schools.

Higher level of reported gang activity and violence at school were significantly associated with greater drug use and more tolerant views toward drugs.

Students who said they had positive school experiences (enjoyed school, tried to produce their best work, found classes interesting) were significantly less likely to use drugs than their peers who had negative experiences with school (hated school, found the work too difficult, frequently failed to complete assignments, misbehaved).

Activities associated with lower drug use included sports and exercise, volunteer work, and spending more than two hours per day on homework; spending more time on video games or watching television was associated with greater drug use.

Students do most of their drinking of alcohol at friends' houses and at parties.

- **Larger social influences should be considered.**

Larger social influences need to be addressed in rethinking drug prevention efforts. While the school role is important, interventions that go beyond school-based programs may be needed. (Currently, there is a lack of research on how to do this effectively.)



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# PART II. PERFORMANCE INDICATORS

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The national effort to establish performance indicators for all programs at the national, state and local levels comes from the demands for program accountability. The national effort seeks to create a common sense of purpose around which we all can rally. Although the attempt is to rally around a central purpose and provide a sense of direction, it does not dictate how we get there. Students are different, schools are different, communities are different and states are different. A wide variety of approaches can each be right. However, both nationally and in Montana, millions of dollars have been spent in the SDFSC program and it is fair to ask "Where are we?" What is different now from 1986? How are programs different? How are your kids different? Many administrators say students are drinking more now than 10 years ago, are smoking more marijuana now than 10 years ago, and are more violent now than 10 years ago. Is this possible with all the money that has gone into programs to reduce alcohol and drug use and violent and disruptive behavior?

The purpose of this paper is to help schools look at their prevention programs so that the answer to these questions can be based on information that is objective and reasonable. Equally important, the information used to answer these questions will come from resources identified by the school and are a fit for the prevention programs offered by the school. As mentioned in the Background section of this paper, the appendices to this paper include national, state and sample local performance indicators. Specifically, these appendices are:

- Appendix A includes the federal SDFSC program performance indicators,
- Appendix B includes Montana's performance indicators as submitted by the OPI to the USDE's SDFSC program, and
- Appendix C is sample performance indicators that might be considered by local school districts. Appendix D includes blank tables which can be used by local schools to construct their own performance indicators.

The starting point in developing performance indicators is the development of a program goal. The federal goal, also adopted as the Montana goal, is:

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## Program Goal:

*To help ensure that all schools are safe, disciplined and drug-free by promoting implementation of high quality drug and violence prevention programs.*

This could easily be the goal for all three levels—national, state and local—of the SDFSC program. The federal agency ensures that it meets this goal through the national performance indicators. Much of the information the federal agency needs to measure its performance comes

from the states. In turn, much of the information collected by states comes from the local level.

To meet this goal, the USDE's SDFSC program has identified objectives (outcomes) that focus on student behavior, number of local school district programs, administration of programs, and data collection. For each objective, at least one indicator (target or benchmark ) is provided that specifies the information that will be needed to "indicate" whether or not that objective has been reached. Finally, for each indicator, a source of data is listed that can be used to establish a baseline and a measurable outcome to determine if (or the degree to which) the objective has been met.

The Montana SDFSC program indicators are supported by available data resources: the Montana Youth Risk Behavior Survey, the Crime in Montana Annual Report, the SDFSC Final Report, the SDFSC Biennial Evaluation Report, and the Gun-Free Schools Annual Data Collection. The OPI did not go beyond the data sources that were currently available via its own data collection or via the data collection of other agencies. Thus, in the development of program objectives and performance indicators, it is important to ascertain what data is already available for use as a data source without having to conduct new surveys or new focus groups or construct other data inventories.

As an example, a national objective might be to "Reduce alcohol and drug use and availability in schools." A source of data used to determine if this objective is being accomplished is the information from the national YRBS. Montana might have the identical objective; however, the data source, although it is the YRBS, is the state YRBS. A local district might also have the same objective, and the data source could be the local results of the Montana YRBS (or it could be the state YRBS report since the statistical methodology used in the state survey yields data that represents all Montana high school students whether or not they actually participated in the survey).

As schools begin the process of developing performance indicators to measure the accomplishments of their local SDFSC program, they should do three things:

- First, review the components of the local program and determine where or how the components fit into the principles of effectiveness described in this paper. Retain those components that "fit," modify the ones that need some realignment to fit within the principles, and reconsider components that simply do not work.
- Second, if your district does not have a **program evaluation plan**, establish one. As mentioned earlier in this paper, all districts currently have components of an evaluation plan available; they are just not being used effectively. Districts have available to them the Montana YRBS, the SDFSC Final Report information and the SDFSC evaluation report produced every other year. Districts need to put these pieces together to determine what's working and what's not in their local programs.
- Third, outline your program goal, objectives, performance indicators and sources of data. Use the national, state and local district models provided as appendices to this paper. This third step might be as simple as using the local model that is provided, then adding or subtracting as necessary to develop a "customized" plan for your individual district.

As accountability requirements increase in order to substantiate financial need to continue the SDFSC program, it is quite likely that local districts will be asked to provide the objectives and performance indicators used to measure program accomplishments.



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# APPENDIX A

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## Federal SDFSC Program Performance Indicators

# U.S. DEPARTMENT OF EDUCATION

## SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES

### PERFORMANCE INDICATORS

**Program Goal:** *To help ensure that all schools are safe, disciplined, and drug-free by promoting implementation of high quality drug and violence prevention programs.*

Objective [By Year 2000]	Indicator and Target/Benchmark	Data Source Availability
<b>OUTCOMES</b>		
1. Increase student disapproval of drug use.	1. Increasing percentages of students will report negative attitudes toward drug and alcohol use.	1. Monitoring the Future; Baseline 198X; 8th, 10th and 12th grade attitudes to be measured.
2. Reduce alcohol and drug use and availability in schools.	2a. Rates of alcohol and drug use (alcohol, marijuana, tobacco) in schools will show continuous improvement.	2a. MTF; Baseline 1991; 8th, 10th and 12th grade use to be measured; alcohol, marijuana, tobacco use are drugs to be measured.
	2b. The number of students who are offered illegal drugs at school will show continuous improvement.	2b. MTF; Baseline 1992; 8th, 10th and 12th grade to be measured. 1992 levels are 10%, 18% and 23% for 8th, 10th and 12th grades.
3. Reduce alcohol and drug use among school-age youth.	3. Rates of alcohol and drug use among school-aged children will show continuous improvement.	3. MTF; Baseline 1991; 8th, 10th and 12th grade use to be measured; marijuana, cocaine, LSD, heroin, Meth, tobacco, and alcohol are drugs to be measured. Household Survey.
4. Reduce number of criminal & violent incidents in schools.	4. The number of criminal and violent incidents in school (by students) will show continuous improvement.	4. NHES/School Safety and Discipline Component 1993; National Crime Survey (conducted in 1991 and 1996); MTF all provide data on this issue. It is recommended that MTF data be used and that 1992 be baseline. Three categories to be measured: threatened, injured, and theft.
5. Reduce number of weapons carried to schools by students.	5a. The number of weapons carried to school will show continuous improvement.	5a. YRBS; 1993 Baseline: 12% of high school students carried weapon on school property.
	5b. The number of firearms carried to school will show continuous improvement.	5b. ED/GFS Act Data Collection; Baseline 1994-1995 school year; No baseline received to date. YRBS.

6. Reduce the number of physical fights in school and physical attacks on students.	6a. The number of physical fights resulting in injury will show continuous improvement.	6a. YRBS; 1993 Baseline; 16%.
	6b. The number of physical attacks occurring will show continuous improvement.	6b. YRBS, also NHES; 1993 baseline; Baseline is 4%.
7. Reduce number of physical assaults on teachers.	7. The number of physical attacks, threats on teachers will show continuous improvement.	7. MTF; Baseline 1991; Teachers physically attacked was 2%; threatened was 8%.
8. Reduce number of students who are fearful of going to school.	8. The number of students who don't go to school because they feel unsafe will show continuous improvement.	8. MTF; 1992 Baseline: 7% of 8th graders; 4% of 10th graders, and 3% of seniors did not go to school because they were afraid.
9. Reduce the number of school-associated homicides.	9. The number of school-related homicides will show continuous improvement.	9. Baseline: 1995 CDC/ED study of 1992/93-93/94 school year (85 school-associated homicides). Study needs to be conducted for 1998-99 interim, if possible.
10. Reduce the number of classroom disruptions in schools.	10a. The number of students whose learning is occasionally interfered with by misbehaving students will show continuous improvement.	10a. MTF; Baseline 1992: 53% of 8th and 10th graders have their learning occasionally interfered with by other misbehaving students.
	10b. Number of 8th and 10th grade teachers who have to occasionally interrupt class to deal with students misbehavior will show continuous improvement.	10b. MTF; Baseline 1992: 52% of 8th grade teachers and 61% of 10th grade teachers occasionally interrupt class to deal with student misbehavior. National Crime Victimization Survey: School Supplement.
<b>PROGRAMS</b>		
11. Number of LEAs providing violence prevention programs (e.g., conflict resolution) will increase.	11. All LEAs (100%) receiving Safe and Drug-Free Schools funds will provide students with violence prevention programs/activities.	11. ED/SDFS Survey; Baseline 1996-97.
12. Number of LEAs providing alcohol and drug prevention programming will remain constant.	12. All LEAs (100%) receiving SDFS funds will continue to provide students (in ES, MS, HS) with alcohol and drug prevention programming.	12. ED/SDFS Survey; Baseline 1993-94.
13. Number of LEAs that involve parents in drug or violence prevention will increase.	13. LEAs involving parents in drug and violence prevention activities will increase by X%.	13. ED/SDFS Survey; Baseline 1996-97.
14. Number of LEAs that involve community groups in prevention programs will increase.	14. By the year 2000, all LEAs will involve community groups in program activities.	14. ED/SDFS Survey; Baseline 1993-94.

15. Number of LEAs that involve students in planning or critiquing prevention programs will increase.	15. By the year 2000, all LEAs will involve students in planning or critiquing prevention programs.	15. ED/SDFS Survey; Baseline 1996-97.
16. Number of LEAs that provide prevention activities that are research-based will increase.	16. LEAs that consult research findings on effective prevention approaches in planning their activities will increase by X%.	16. Planned Ed/LEA survey.
<b>POICIES</b>		
17. LEAs will have policies requiring notification of law enforcement of all firearms violations.	17. By the end of the 1996-1997 school year, all LEAs (receiving ESEA funds) will have a policy requiring notification of law enforcement of all incidents where a firearm is involved.	17. Gun-Free Schools Act Data Collection; Baseline 1994-1995 School year.
18. LEAs will have policies requiring expulsion of students bringing firearms to school.	18. By the end of the 1996-1997 school year, all LEAs (receiving ESEA funds) will have policies requiring the expulsion for a year of students who bring firearms to school.	18. Gun-Free Schools Act Data Collection.
19. LEAs will have policies prohibiting smoking in school by students and faculty.	19. By 199X, all LEAs will have policies prohibiting smoking in school.	19. ED/LEA survey supplemented with data from HHS/CDC School Health Policies and Programs Report.
20. LEAs will have policies prohibiting the sale, distribution, and use of alcohol and drugs at school or at school-sponsored functions.	20. All LEAs will have policies prohibiting the sale, distribution, and use of alcohol, and other drugs at school or at school-sponsored functions and activities.	20. ED/LEA survey, supplemented with data from SHPPS Survey.
<b>ADMINISTRATION</b>		
21. Number of persons satisfied with products produced by SDFS will remain at high levels.	21. X% of persons responding to inquiries regarding use of products developed by SDFS will rate them as "high quality" or higher, and as "useful" or "very useful."	21. Approval needed from OMB to include feedback form on all SDFS products and materials.
22. Strong administrative and fiscal control will be maintained over the state and discretionary grant programs.	22. All audit findings or issues identified by GAO, IG, or other auditors will be responded to within timeframe set by agency conducting audit or report.	22. Relevant GAO, IG, and Audit Reports.

DATA		
23. Number of SEAs collecting and assessing data regarding alcohol and drug use will increase.	23. X% of all states will conduct statewide surveys or collect statewide data of alcohol and drug use of students.	23. ED/SDFS Survey.
24. Number of SEAs collecting and assessing data regarding violence incidents will increase.	24. X% of all states will conduct statewide surveys or collect statewide data regarding incidents of crime and violence in schools.	24. ED/SDFS Survey.
25. Number of LEAs collecting data on firearms brought to school will increase.	25. All LEAs will collect and report to SEA incidents that are in violation of the Gun-Free Schools Act.	25. ED GFSA Data Collection.
26. All SEAs will develop and use performance indicators.	26a. By July 1, 1997, all SEAs will have acceptable performance indicators.	26a. Review of ED files.
	26b. By July 1, 1997, all Governor's programs will have acceptable performance indicators.	26b. Review of ED files.
	26c. All states will utilize performance indicators to make decisions regarding approval of LEA application for FY 1997 funding.	26c. Ed/SDFS Survey.
	27a. By _____, 199_, X# of LEAs will have performance indicators for their SDFS programs.	27a. Ed/LEA Survey
27. All LEAs will develop and use performance indicators for programs funded with SDFS funds.	27b. X# of LEAs will utilize performance indicators to determine if activities should be continued or modified.	27b. ED/LEA Survey

<b>DATA SET</b>	<b>WHAT COLLECTED</b>	<b>WHEN COLLECTED</b>
Monitoring the Future	National data (from selected nationally represented LEAs) on alcohol and drug usage, and on victimization in schools.	Annually (first collected in 19__)
School Health Policies and Programs Study (SHPPS)	State, district, and school level data on alcohol, drug, and violence policies and practices.	First collected in 1994, will be collected again in 2000.
NCES, Schools and Staffing Survey	Provides information on safety and victimization (including bullying, physical attack, robbery) and on classroom disruptions.	Conducted every two years. Information available for 1987-88, 1990-91 and 1993-94.
ED/OESE Drug-Free Schools and communities Act Survey	Provides a variety of information—process and outcome—related to alcohol and drug use, and violence in schools.	Initial survey to cover July 1993 through June 1995 (1993-94 and 1994-95 school years.)
National Crime Victimization Survey	Provides a variety of information on crime and victimization.	Conducted annually by the Bureau of Justice Statistics. BJS prepared a special analysis of school crime in 1992; another is due to be released by the end of 1996.
Gun-Free Schools Act Report	Number of violations of the GFSA, e.g., number of students who are caught with firearm in school.	Annually (first report due ____).
National Household Education Survey	Provides information on school safety and discipline.	1993 NHES provided information on School Safety and Discipline.
School Associated Violent Deaths in the United States	Provides information on the number, nature, and circumstances surrounding school-associated violent deaths: homicides and suicides.	Initially conducted for 1992-1993/1993-1994 school years. Need to negotiate future study or to include questions regarding school associated violent deaths in another survey.

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# APPENDIX B

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## Montana SDFSC Program Performance Indicators

# MONTANA OFFICE OF PUBLIC INSTRUCTION

## SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES

### PERFORMANCE INDICATORS

**Program Goal:** *To help ensure that all schools are safe, disciplined, and drug-free by promoting implementation of high quality drug and violence prevention programs.*

Objective [By Year 2000]	Indicator (Target/Benchmark)	Data Source
<b>OUTCOMES</b>		
1. Reduce alcohol and drug use and availability in schools.	1a. Rates of alcohol and drug use (alcohol, tobacco, marijuana, cocaine) in school will show continuous improvement.	1a. YRBS: baseline 1993 (7th-12th grade use to be measured; alcohol, tobacco, marijuana, and cocaine are drugs to be measured).
	1b. The number of students who are offered illegal drugs at school will show continuous improvement.	1b. YRBS: baseline 1993 (7th-12th grade to be measured).
2. Reduce alcohol and drug use among school-age youth.	2. Rates of alcohol and drug use among school-age children will show continuous improvement.	2. YRBS: baseline 1993 (7th-12th grade use to be measured; alcohol, tobacco, marijuana, cocaine and other illegal drugs are to be measured).
3. Reduce number of criminal and violent incidents in schools.	3. The number of criminal and violent incidents in school by students will show continuous improvement.	3. YRBS: baseline 1993; SDFS Final Report: baseline 1995; five areas measured by YRBS—weapon carrying, fighting, threatened, injured and theft. Four areas of student violence measured by SDFS Final Report—student injured on school grounds, student injured off school grounds, school staff attacked/injured by students, and students in illegal gang activity.
4. Reduce number of weapons carried to school by students.	4a. The number of weapons carried to school will show continuous improvement.	4a. YRBS: baseline 1993.
	4b. The number of firearms carried to school will show continuous improvement.	4b. Gun-Free Schools Act data collection: baseline 1994-1995; YRBS: baseline 1993.



5. Reduce the number of physical fights in school and physical attacks on students.	5a. The number of physical fights resulting in injury will show continuous improvement.	5a. YRBS: baseline 1993; SDFS Final Report: baseline 1995.
6. Reduce number of physical assaults on teachers.	5b. The number of physical attacks occurring will show continuous improvement.	5b. YRBS: baseline 1993; SDFS Final Report: baseline 1995.
7. Reduce number of students who are fearful of going to school.	6. The percent of schools reporting physical attacks and threats on teachers will show continuous improvement.	6. SDFS Final Report: baseline 1995.
8. The number of school-associated homicides will be zero.	7. The number of students who do not go to school because they feel unsafe will show continuous improvement.	7. YRBS: baseline 1993 (7th-12th grade).
<b>PROGRAMS</b>		
9. Number of LEAs providing violence prevention programs (e.g., conflict resolution) will increase.	8. The number of school-related homicides will remain at the zero level.	8. MBCC Crime in Montana Report: baseline 1995.
10. Number of LEAs providing alcohol and drug prevention programming will remain constant.	9. All LEAs receiving SDFS funds will provide students with violence prevention programs and activities.	9. SDFS Final Report: baseline 1995-96.
11. Number of LEAs that involve parents in drug or violence prevention will increase.	10. All LEAs receiving SDFS funds will continue to provide students (in elementary, mid/junior high, and senior high) with alcohol and drug prevention programming.	10. SDFS Final Report: baseline 1994-95; SDFS Biennial Evaluation Report: baseline 1992-93.
12. Number of LEAs that involve community groups in prevention programs will increase.	11. LEAs involving parents in drug and violence prevention activities will increase by 5%.	11. SDFS Final Report: baseline 1994-95; SDFS Biennial Evaluation Report: baseline 1992-93.
13. Number of LEAs that involve students in planning or critiquing prevention programs will increase.	12. By the year 2000, all LEAs will involve community groups in program activities.	12. SDFS Final Report: baseline 1994-95.
14. Number of LEAs that provide prevention activities that are research-based will increase.	13. By the year 2000, all LEAs will involve students in planning or critiquing prevention programs.	13. SDFS Final Report: baseline 1997-98; SDFS Biennial Evaluation Report: baseline 1998-99.
	14. LEAs that consult research findings on effective prevention approaches in planning their activities will increase by 5%.	14. SDFS Biennial Evaluation Report: baseline 1992-93.

<b>POLICIES</b>		
15. LEAs will have policies requiring notification to law enforcement of all firearms violations.	15. By the end of the 1996-97 school year, all LEAs receiving ESEA funds will have a policy requiring notification to law enforcement of all incidents where a firearm is involved.	15. Gun-Free Schools Act data collection: baseline 1995-96.
16. LEAs will have policies requiring expulsion of students bringing firearms to school.	16. By the end of the 1996-97 school year, all LEAs receiving ESEA funds will have policies requiring the expulsion for a year of students who bring firearms to school.	16. Gun-Free Schools Act data collection: baseline 1995-96; SDFS Biennial Evaluation Report: baseline 1994-95.
17. LEAs will have policies prohibiting smoking in school by students and faculty.	17. By 1999, all LEAs will have policies prohibiting smoking in school.	17. SDFS Biennial Evaluation Report: baseline 1994-95.
18. LEAs will have policies prohibiting the sale, distribution, and use of alcohol and drugs at school or at school-sponsored functions.	18. All LEAs will have policies prohibiting the sale, distribution, and use of alcohol, and other drugs at school or at school-sponsored functions and activities.	18. SDFS Final Report: baseline 1994-95; SDFS Biennial Evaluation Report: baseline 1992-93.
<b>ADMINISTRATION</b>		
19. Number of persons satisfied with products produced by SDFS will remain at high levels.	19. At least 60% of LEAs will rate SDFS products and services as "high quality" or higher, and as "useful" or "very useful."	19. SDFS Final Report: baseline 1994-95.
20. Appropriate administrative and fiscal control will be maintained over LEAs receiving SDFS base and competitive grant funds.	20. All audit findings or issues identified by GAO, IG, or other auditors will be responded to within timeframes set by the agency conducting audit or report.	20. Relevant GAO, IG, and Audit Reports.

<b>DATA</b>			
21. Number of LEAs collecting and assessing data regarding alcohol and drug use will remain constant.	21. At least 75% of all LEAs participating in the SDFS program will collect data on alcohol and drug use of students.	21. SDFS Final Report: baseline 1994-95; YRBS: baseline 1993.	
22. Number of LEAs collecting and assessing data regarding violence incidents will increase.	22. At least 75% of all LEAs participating in the SDFS program will collect data regarding incidents of crime and violence in schools.	22. SDFS Final Report: baseline 1994-95; YRBS: baseline 1993.	
23. Number of LEAs collecting data on firearms brought to school will remain constant.	23. All LEAs will collect and report to the SEA incidents that are in violation of the Gun-Free Schools Act.	23. Gun-Free Schools Act data collection: baseline 1995-96.	
24. The Montana SEA's SDFS program will develop and use performance indicators.	24a. By July 1, 1997, the Montana SEA will have acceptable performance indicators.  24b. The Montana SEA will utilize performance indicators to make decisions regarding approval of LEA applications for FY 1997 funding.	24a. Review of SEA's SDFS files.  24b. Review of SEA's SDFS files.	
25. All LEAs will develop and use performance indicators for programs funded with SDFS funds.	25a. By June 30, 1999, all LEAs participating in the SDFS program will have performance indicators for their SDFS programs.  25b. All LEAs participating in the SDFS program will utilize performance indicators to determine if activities should be continued or modified.	25a. SDFS Final Report: baseline 1997-98.  25b. SDFS Final Report: baseline 1997-98.	

<b>DATA SET</b>	<b>WHAT COLLECTED</b>	<b>WHEN COLLECTED</b>
Youth Risk Behavior Survey	State-level data on alcohol and drug use, tobacco use, and intentional and unintentional injuries in school and outside of school are included in this comprehensive health risk behavior survey of adolescents.	Every other year (first collected in 1991 for grades 9-12; 1993 for grades 7-12).
SDFS Final Report	Data on LEA programs (policy, services, target populations, type of youth data collected, violence problems, violence prevention activities, fund allocations, and method of program evaluation).	Annually (this range of information was first collected in 1994-95).
SDFS Biennial Evaluation Report	Data on implementation and integration of the framework for a comprehensive prevention program (advisory committee, parent education, employee assistance program, student assistance program, peer education program, developmentally appropriate curriculum, policy, alternative programs).	Every other year (first collected in 1992-93).
Gun-Free Schools Act Report	Number of violations of the Gun-Free Schools Act (e.g., number of students who are caught with firearm in school).	Annually
Montana Board of Crime Control (MBCC) Crime in Montana Report	State-level and county-level crime statistics.	Annually
<b>ADDITIONAL DATA SOURCES</b>		
Office of Public Instruction	Enrollment data, etc.	Annually
School Health Education Profile Survey (SHEP)	Data on the status of health education in schools, including data on what areas (such as violence prevention and alcohol/tobacco prevention) teachers have been trained or need training.	Every other year (first conducted in 1992).
Kids Count	Health status of children (health statistics, economic well-being, security, social behavior, education, etc.).	Compiled annually.
School Health Policies and Programs Study (SHPPS)	State, district, and school-level data on alcohol, drug, and violence policies and practices.	First collected in 1994, will be collected again in 2000.

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# APPENDIX C

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Sample Local District  
SDFSC Program  
Performance Indicators

# **SAMPLE FOR LOCAL SCHOOLS**

## **SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES**

### **PERFORMANCE INDICATORS**

**Program Goal:** *To help ensure that all schools are safe, disciplined, and drug-free by promoting implementation of high quality drug and violence prevention programs.*

Objective	Indicator (Target/Benchmark)	Data Source
<b>OUTCOMES</b>		
1. Reduce alcohol and drug use and availability in schools.	1a. Rates of alcohol and drug use (alcohol, tobacco, marijuana, cocaine) in school will show continuous improvement.	1a. YRBS: baseline 1993 (7th-12th grade use to be measured; alcohol, tobacco, marijuana, and cocaine are drugs to be measured).
	1b. The number of students who are offered illegal drugs at school will show continuous improvement.	1b. YRBS: baseline 1993 (7th-12th grade to be measured).
2. Reduce alcohol and drug use among school-age youth.	2. Rates of alcohol and drug use among school-age children will show continuous improvement.	2. YRBS: baseline 1991 (7th-12th grade use to be measured; alcohol, tobacco, marijuana, cocaine and other illegal drugs are to be measured).
3. Reduce number of criminal and violent incidents in schools.	3. The number of criminal and violent incidents in school by students will show continuous improvement.	3. YRBS: baseline 1993; SDFS Final Report: baseline 1995; five areas measured by YRBS—weapon carrying, fighting, threatened, injured and theft. Four areas of student violence measured by SDFS Final Report—student injured on school grounds, student injured off school grounds, school staff attacked/injured by students, and students in illegal gang activity.
4. Reduce number of weapons carried to school by students.	4a. The number of weapons carried to school will show continuous improvement.	4a. YRBS: baseline 1993.
	4b. The number of firearms carried to school will show continuous improvement.	4b. Gun-Free Schools Act data collection: baseline 1994-1995; YRBS: baseline 1993.

5. Reduce the number of physical fights in school and physical attacks on students.	5a. The number of physical fights resulting in injury will show continuous improvement.	5a. YRBS: baseline 1993; SDFS Final Report: baseline 1995.
6. Reduce number of physical assaults on teachers.	5b. The number of physical attacks occurring will show continuous improvement.	5b. YRBS: baseline 1993; SDFS Final Report: baseline 1995.
7. Reduce number of students who are fearful of going to school.	6. The percent of schools reporting physical attacks and threats on teachers will show continuous improvement.	6. SDFS Final Report: baseline 1995.
8. The number of school-associated homicides will be zero.	7. The number of students who do not go to school because they feel unsafe will show continuous improvement.	7. YRBS: baseline 1993 (7th-12th grade).
<b>PROGRAMS</b>	8. The number of school-related homicides will remain at the zero level.	8. MBCC Crime in Montana Report: baseline 1995.
9. Number of violence prevention programs provided in school (e.g., conflict resolution) will increase.	9. SDFS funds will be used to provide students with violence prevention programs and activities.	9. SDFS Final Report: baseline 1995-96.
10. Number of alcohol and drug prevention programming provided in school will remain constant.	10. SDFS funds will continue to provide students (in elementary, mid/junior high, and senior high) with alcohol and drug prevention programming.	10. SDFS Final Report: baseline 1994-95; SDFS Biennial Evaluation Report: baseline 1992-93.
11. Number of parents involved with the school's drug or violence prevention programs will increase.	11. Parents involved in school-related drug and violence prevention activities will increase by 5%.	11. SDFS Final Report: baseline 1994-95; SDFS Biennial Evaluation Report: baseline 1992-93.
12. Number of community groups involved with the school's prevention programs will increase.	12. By the year 2000, the school will involve community groups in program activities.	12. SDFS Final Report: baseline 1994-95.
13. Number of students involved in planning or critiquing the school's prevention programs will increase.	13. By the year 2000, the school will involve students in planning or critiquing prevention programs.	13. SDFS Final Report: baseline 1997-98; SDFS Biennial Evaluation Report: baseline 1998-99.
14. Number of prevention activities that are research-based and provided in the schools will increase.	14. The school will consult research findings on effective prevention approaches in planning their activities and the use of such approaches will increase by 5%.	14. SDFS Biennial Evaluation Report: baseline 1992-93.

<b>POLICIES</b>			
15. A policy requiring notification of law enforcement of all firearms violations will be adopted and implemented.	15. By the end of the 1996-97 school year, the school will have a policy requiring notification to law enforcement of all incidents where a firearm is involved.	15. Gun-Free Schools Act data collection: baseline 1995-1996.	
16. A policy requiring expulsion of students bringing firearms to school will be adopted and implemented.	16. By end of the 1996-1997 school year, the school will have a policy requiring the expulsion for a year of students who bring firearms to school.	16. Gun-Free Schools Act data collection: baseline 1995-96; SDFS Biennial Evaluation Report: baseline 1994-95.	
17. A policy prohibiting smoking in school by students and faculty will be adopted and implemented.	17. By 1999, the school will have a policy prohibiting smoking in school.	17. SDFS Biennial Evaluation Report: baseline 1994-95.	
18. A policy prohibiting the sale, distribution, and use of alcohol and sponsored functions will be adopted and implemented.	18. The school will have a policy prohibiting the sale, distribution, and use of alcohol and other drugs at school or at school-sponsored functions and activities.	18. SDFS Final Report: baseline 1994-95; SDFS Biennial Evaluation Report: baseline 1992-93.	
<b>ADMINISTRATION</b>			
19. Number of persons satisfied with products produced by the local SDFS will remain at high levels.	19. At least 60% of students, teachers and parents will rate local SDFS products and services as "high quality" or higher, and as "useful" or "very useful."	19. SDFS Final Report: baseline 1994-95.	
20. Appropriate administrative and fiscal control will be maintained over SDFS base and competitive grant funds.	20. All program exceptions, reports, audit findings or issues identified by OPI or by auditors will be responded to within reasonable time frames set by the agency conducting audit or report.	20. Relevant GAO, IG, and Audit Reports.	



<b>DATA</b>			
21. Data regarding alcohol and drug use among students will be collected and assessed.	21. As a recipient of SDFS funds, the school and local SDFS program will collect data on alcohol and drug use of students.	21. SDFS Final Report: baseline 1994-95; YRBS: baseline 1993.	
22. Data regarding violence incidents will be collected and assessed.	22. As a recipient of SDFS funds, the school and local SDFS program will collect data regarding incidents of crime and violence in schools.	22. SDFS Final Report: baseline 1994-95; YRBS: baseline 1993.	
23. Data on firearms brought to school will be collected.	23. The school will collect and report to OPI incidents that are in violation of the Gun-Free Schools Act.	23. Gun-Free Schools Act data collection: baseline 1995-96.	
24. The school's SDFS program will develop and use performance indicators.	24a. By July 1, 1997, the local SDFS program will have acceptable performance indicators.	24a. Review of SEA's SDFS files.	
	24b. The local SDFS program will utilize performance indicators to make decisions regarding its application for SDFS funding and its use of any funds received.	24b. Review of SEA's SDFS files.	
25. The school's SDFS program will develop and use performance indicators for programs funded with SDFS funds.	25a. By June 30, 1999, the local SDFS program will have performance indicators for its program.	25a. SDFS Final Report: baseline 1997-98.	
	25b. The local SDFS program will utilize performance indicators to determine if activities should be continued or modified.	25b. SDFS Final Report: baseline 1997-98.	

<b>DATA SET</b>	<b>WHAT COLLECTED</b>	<b>WHEN COLLECTED</b>
Youth Risk Behavior Survey	State-level and local-level data on alcohol and drug use, tobacco use, and intentional and unintentional injuries in school and outside of school are included in this comprehensive health risk behavior survey of adolescents.	Every other year (first collected in 1991 for grades 9-12; 1993 for grades 7-12).
SDFS Final Report	Data on LEA programs (policy, services, target populations, type of youth data collected, violence problems, violence prevention activities, fund allocations, and method of program evaluation).	Annually (this range of information was first collected in 1994-1995).
SDFS Biennial Evaluation Report	Data on implementation and integration of the framework for a comprehensive prevention program (advisory committee, parent education, employee assistance program, student assistance program, peer education program, developmentally appropriate curriculum, policy, alternative programs).	Every other year (first collected in 1992-93).
Gun-Free Schools Act Report	Number of violations of the Gun-Free Schools Act (e.g., number of students who are caught with firearm in school).	Annually
Montana Board of Crime Control (MBCC) Crime in Montana Report	State-level and county-level crime statistics.	Annually
<b>Additional Data Sources</b>		
Office of Public Instruction	Enrollment data, etc.	Annually
School Health Education Profile Survey (SHEP)	Data on the status of health education in schools, including data on what areas (such as violence prevention and alcohol/tobacco prevention) teachers have been trained or need training.	Every other year (first conducted in 1992).
Kids Count	Health status of children (health statistics, economic well-being, security, social behavior, education, etc.)	Compiled annually.

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# APPENDIX D

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Blank Forms for  
Developing SDFSC Program  
Performance Indicators

**SCHOOL DISTRICT: \_\_\_\_\_**  
**SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES**  
**PERFORMANCE INDICATORS**

OBJECTIVE [By Year 2000]	INDICATOR (TARGET/BENCHMARK)	DATA SOURCE
1.		
2.		
3.		
4.		
5.		

**SCHOOL DISTRICT: \_\_\_\_\_**  
**SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES**  
**PERFORMANCE INDICATORS**

OBJECTIVE [BY YEAR 2000]	INDICATOR (TARGET/BENCHMARK)	DATA SOURCE
1.		
2.		
3.		
4.		
5.		

**SCHOOL DISTRICT: \_\_\_\_\_**  
**SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES**  
**PERFORMANCE INDICATORS**

OBJECTIVE [By Year 2000]	INDICATOR (TARGET/BENCHMARK)	DATA SOURCE
1.		
2.		
3.		
4.		
5.		

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# APPENDIX E

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## Guidelines for Presentations





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# Office of Public Instruction

## Health Enhancement and Safety Division

### **Guidelines for Non-school Personnel**

### ***Presenting Health Programs in Montana Schools***

#### Background:

Montana schools are required by the Montana Board of Public Education (BPE) through its Montana School Accreditation Standards to provide Health Enhancement education at the elementary, middle, and high school levels. The BPE provides “model” learner goals, but leaves local school districts wide latitude in developing local goals and curricula.

Accreditation standards also require that Health Enhancement classes be taught by teachers who are **certified** to teach in Montana and **endorsed** to teach in the subject area. Elementary teachers are considered to be endorsed in all subject areas, hence provide instruction in all areas.

Although Health Enhancement is required and must be taught by certified and endorsed professional staff, this does not imply that outside speakers are not appropriate. Outside speakers are commonplace for all subject areas and can expose students to specialized experts, information resources and community opportunities, or can sensitize students to social issues. **Outside speakers appear as guests of the district and are allowed into classrooms with the permission of the administration and teacher** (permission of the board may not be direct, but is implied). This permission could be withdrawn at any time or the speaker could simply not be invited back into the district.

#### Responsibilities of the school district:

In using outside speakers as part of the Health Enhancement program, school districts and teachers have several responsibilities:

1. The speaker should be used in conjunction with the school’s health enhancement program. This means that speakers are not merely used to “fill time,” but are used to reach program goals or learner outcomes.
2. Students should be prepared for the speaker. This may mean that if a speaker is used, lessons should build up to the speaker’s presentation so the presentation is more meaningful.
3. Once the speaker has presented, a teacher-led follow-up should be conducted with the students. This might entail debriefing what the speaker presented, what the issues were, how it “fit” into the health class, or what might improve the session.
4. The school district administrator or teacher should evaluate the outside presentation to determine whether or not it met district goals and objectives, whether it was clear and appropriate for the audience, and whether a decision on future use of the outside presentation (or the actual presenter) should be made.

5. The school district has the right to know the speaker's qualifications. For example, being a "recovering alcoholic" may not qualify an individual to present to students on the effects of drinking.

#### Responsibilities of the outside speaker:

1. Outside speakers serving as resource personnel in Montana schools should be aware of the intended audience and community concerns. Topics that are appropriate for high school students may not be appropriate for elementary students. Likewise, topics appropriate in one community may not be appropriate in another.
2. Speakers should know what is expected of them. They should be aware of the audience, why they were invited, how their presentation fits into the overall curriculum and what the school's expectations are. Experiential presentations should focus on personal responsibility.
3. Once speakers know what is expected of them, they should offer the teacher suggestions on student preparation (i.e., teacher-led classroom activity or assignment), as well as follow-up activities.
4. Speakers have the right to request evaluation of their presentation. This might be as simple as verbal feedback from the teacher or perhaps a written evaluation from the students. Generally, speakers know how well they did if they are asked to return for subsequent presentations.

#### Conclusion:

Both the school district and outside speakers have rights and responsibilities.

- School districts have the right to know the speaker's qualifications and presentation content. Districts have the responsibility to use speakers that meet program goals and outcomes.
- Speakers have the right to a respectful audience and to an evaluation of their presentation. They also have the right to ask districts to use them in a meaningful way (student preparation and follow-up). Speakers have the responsibility to know the audience to which they are presenting and the community in which they are presenting.
- School districts and speakers have the shared responsibility to work together to best meet the educational needs of a community's students.
- Some speakers are requested by school districts to return on an annual basis. The speaker should determine if the information being presented is the same year after year. If so, it may be that the teacher should be "trained" by the speaker (or other qualified person[s]) to provide the information as an integral part of the class. Speakers have the obligation to ensure that they are not merely requested to present as a matter of convenience (i.e., to do a job that should be done by the teacher).

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# APPENDIX F

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Sources of Assistance  
for  
Alcohol, Tobacco and  
Drug Prevention



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# Sources of Assistance for Alcohol, Tobacco and Drug Prevention

Safe and Drug-Free Schools and Communities Program  
U.S. Department of Education  
1-800-624-0100

Drug and violence prevention materials produced by the program are available without charge.

National Clearinghouse for Alcohol and Drug Information  
1-800-729-6686

A centralized source for information about alcohol and other drugs, including publications, fact sheets, posters and videotapes, most of which are free.

Center for Substance Abuse Treatment  
1-800-662-HELP

This is a confidential hotline for information and referral that directs callers to treatment centers in the local community. Free materials on drug abuse are also distributed.

CSAP's Reality Check Campaign  
1-800-767-0117

Sponsored by the Center for Substance Abuse Prevention, the Reality Check Campaign focuses on developing community marijuana prevention campaigns. Free materials are available.

Marijuana Helpline  
1-800-MARIJUANA

A 24-hour confidential helpline providing information on substance abuse and referrals to treatment programs.

American Council for Drug Education  
1-800-488-DRUG

ACDE produces education and prevention materials, programs and services such as literature and videos.

Community Anti-Drug Coalitions of America  
1-800-54-CADCA

This organization gives anti-drug and drug-related coalitions technical assistance and support.

PRIDE Drug Information Hotline  
1-800-241-7946

Parent's Resource Institute for Drug Education (PRIDE) refers concerned parents to parent groups in their state, telephone consultation and referrals, and drug information tapes that callers can listen to free of charge.

CDC National AIDS Clearinghouse  
1-800-458-5231

This call will access Centers for Disease Control information on AIDS, including the transmittal of AIDS through drug injection.

## Internet Sites

<http://www.ed.gov>

U.S. Department of Education

<http://www.ed.gov/offices/OESE/SDFS>

U.S. Department of Education

Safe and Drug-Free Schools and Communities Program

<http://www.health.org>

National Clearinghouse for Alcohol and Drug Info (NCADI) Prevention Online

<http://www.nida.nih.gov>

National Institute on Drug Abuse

<http://www.ACDE.org>

American Council on Drug Education

<http://www.drugfreeamerica.org>

Partnership for a Drug-Free America

<http://www.emory.edu/NFIA>

Families in Action

<http://www.prideusa.org>

Parents' Resource Institute for Drug Education

<http://www.health.org/reality>

Reality Check Campaign (CSAP Marijuana Prevention Campaign)

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# APPENDIX G

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Health Enhancement and Safety Division

List of Resources for  
Health Enhancement, HIV  
and SDFSC Programs





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# Health Enhancement and Safety Division

## List of Resources for the Health Enhancement, HIV, and SDFSC Programs

### General Health Enhancement Materials

#### *"Health Enhancement: Philosophy"*

This booklet provides information on the development of Health Enhancement and the requirements of the Montana Accreditation Standards.

#### *"Health Enhancement: Resources"*

This booklet provides information on where to access materials and information on a variety of health-related topics.

#### *"Montana's Health Enhancement Master Teachers"*

This publication is a listing of the Montana teachers trained by the Office of Public Instruction as Health Enhancement Master Teachers and who would be excellent resources for local districts and consortia in providing inservice, curriculum development and program assessment.

#### *"Health Enhancement: Restructuring Health and Physical Education in Montana Schools to a Student-Oriented Focus"*

This short publication provides a brief overview of the development of Health Enhancement and its philosophy. It also outlines a comprehensive program and lists state-level personnel involved in health enhancement.

#### *"Guidelines for Non-School Personnel Presenting Health Programs in Montana Schools"*

This paper provides both school and speakers with an outline of what should be expected of each, including their "rights" and "responsibilities."

#### *"Health Enhancement; Montana and National Standards"*

This booklet provides a correlation between the Montana Learner Goals as outlined in the Montana Accreditation Standards and the National Goals for Health Education and Physical Education. It also contains a listing of the Montana Goals, National Health Goals (and performance indicators) and National Physical Education Goals (and performance indicators).

#### *"Montana School Guidelines for the Identification and Reporting of Child Abuse and Neglect"*

This publication assists school districts in identifying, reporting and responding to the abused and neglected children with whom they have contact. Printed by the DPHHS, Family Services, this publication is distributed by OPI.

#### *"Division of Health Enhancement and Safety; Program Descriptions"*

This document provides a "capsule" description of each of the programs in the Division, plus the name and phone number of the person responsible.

#### *"Health Enhancement and Safety Division; List of Resources"*

This is a listing of Division resources for Health Enhancement, Safe and Drug-Free Schools and Communities, HIV/AIDS Prevention, and Counseling.

## Assessment (Program and Student)

### *"Montana Assessment for Health Enhancement"*

This booklet is the simplest of the program evaluation pieces, consisting of a checklist format designed to show program strengths and weaknesses with a summary detailing recommendations for improvement.

### *"Montana Health Enhancement...An Expanded Concept: Assessment and Planning"*

This program evaluation booklet is ideal for curriculum departments or committees. It includes a grid that is cooperatively completed leading to a color-coded list of strengths and weaknesses and action plan for improvement.

### *"Program Assessment: a six-step process to curriculum improvement"*

The most difficult of the three program evaluation pieces, this actually might be the most beneficial. This booklet provides a six-step process for program improvement, but the development of instruments and evaluation design is left to the reader.

### *"Student Assessment: keys to improving student success"*

This booklet provides the reader with a variety of types of student assessment, as well as the role of student assessment and how to plan for it.

### *"Assessment Planning: a process guide with three design options"*

This booklet provides samples of student assessment plans for district use. It allows districts to organize existing assessments into written plans which may reveal the need for the development of additional assessments.

## Curricula-related and Model Curricula

### *"Guidelines for School Health Programs to Prevent Tobacco Use and Addiction"*

### *"Guidelines for School Health Programs to Promote Lifelong Healthy Eating"*

### *"Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People"*

These three booklets are reprints of guidelines developed by the Centers for Disease Control, U.S. Department of Health and Human Services, for the inclusion of tobacco prevention, nutrition, and physical activity in the school program.

### *"Montana Model Curriculum for Health Enhancement (K-6)"*

### *"Montana Model Curriculum for Health Enhancement (7-12)"*

These two curricula models have been provided in three-ring binders and include a "total curriculum package," including philosophy, goals, objectives, program evaluation, student assessment and a variety of lesson plans designed to incorporate the health enhancement philosophy.

## Curricula-related (AIDS)

### *"Montana AIDS Curriculum Planning Guidelines" (Elem, Junior High, High School)*

This publication, adapted from CDC guidelines for schools, provides program consideration recommendations for schools in providing effective AIDS education.

### *"Montana Supplemental Curriculum Materials for K-12 HIV/AIDS Education"*

This is a supplement to the Planning Guidelines and is a resource of lesson plans K-12 for classroom use.

### *"HIV/AIDS Interdisciplinary Curriculum Materials for Secondary Schools"*

This publication provides examples and suggestions for incorporating HIV/AIDS education into curricula beyond the health classroom.

### *"Montana HIV/AIDS Curriculum Materials for Out-of-School Youth"*

This publication is designed for use by alternative schools, either supervised by school districts, the juvenile justice system or family services. The material is more condensed and more direct than for the regular K-12 system.

## Safe and Drug-Free Schools and Communities Program Resources

### *"Using Community-Wide Collaboration to Foster Resiliency in Kids: A Conceptual Framework"*

This publication is a reprint of a Western Center for Safe and Drug-Free Schools and Communities publication and illustrates how collaborative efforts in resiliency can provide effective prevention programming.

### *"Fostering Resiliency in Kids: Protective Factors in the Family, School and Community"*

This publication is a reprint of a Western Center for Safe and Drug-Free Schools and Communities publication and illustrates how resiliency concepts can be reinforced through the school, parents and community.

### *"Sorting out Services: A Resource Guide for Alcohol & Other Drug Prevention Services in Montana"*

This publication was co-produced by the Office of Public Instruction and Montana Board of Crime Control and provides listings of community, regional and state prevention resources.

### *"Program Planning Guidelines & Community Inventory"*

This publication was co-produced by the OPI and MBCC and is divided into two sections: the first section deals with effective program considerations, including risk and protective factors. The second section identifies local SDFSC programs and program information.

### *"Systemic Evaluation: A New Approach to Assessing the Effects of Tobacco, Alcohol and Other Drug Prevention Programs"*

This booklet is a reprint of a publication developed by the Western Center for Drug-Free Schools and Communities which guides school and community evaluation for program improvement.

*"Evaluation Report: An Evaluation of the Alcohol, Tobacco and Other Drug Abuse Prevention Programs in Montana Schools" 1993*

*"Evaluation Report: An Evaluation of the Alcohol, Tobacco and Other Drug Abuse Prevention Programs in Montana Schools" 1995*

These two evaluation reports were conducted by all schools/districts involved in the SDFSC program in Montana and are intended to show program strengths and weaknesses leading to program improvement.

*"Principles of Effectiveness and Performance Indicators for Programs Under the Safe and Drug-Free Schools and Communities Funding"*

This booklet provides schools with information on those factors that lead to effective programs. It also includes the U.S. Department of Education's performance indicators, as well as Montana's. Also included are sample local district performance indicators and blank forms for local district use.

### Supplemental Materials, Monograph Series

*"Managing Death Issues in the School" (No. 1)*

*"Preventing Chaos in Times of Crisis" (No. 2)*

*"Sexual Harassment and Montana Schools: Creating and Maintaining Harassment-Free Learning" (No. 3)*

*"Toward Graduation for All Students" (No. 4)*

*"Montana Tobacco-Free Schools (No. 5)"*

*"Montana Dropout Statistics Collector's Handbook" (No. 6)*

*"Educational Technology in Montana Schools" (No. 7)*

*"User's Guide to Reducing Truancy" (No. 8)*

The monograph series is a series of booklets designed to provide information on timely subjects, printed in limited quantity and quickly disseminated to the schools.

### Supplemental Materials (AIDS)

AIDS *"Facts for Teens"* pamphlet

This pamphlet, available from the OPI and DPHHS in bulk numbers, provides basic HIV/AIDS information specifically designed for adolescent ages.

Memorandum re: *Regional Trainers Workplan*

This workplan outlines the resources available to Montana school districts through the OPI's HIV/AIDS Regional Trainers program, including inservice programs.

*“Safety Plan: Blood-borne Pathogens, Infectious Waste, and Hazardous Waste”*

This document provides information to schools on the development and implementation of a safety plan for blood-borne pathogens, infectious waste and hazardous waste. This includes resource agencies and a fact sheet on OSHA requirements in this area.

Policy Guidance (AIDS)

*“Guidelines for Communicable Disease Control Policies in Montana Schools”*

First of a three-part series for school administrators and boards, this document provides a model policy for communicable diseases, including HIV.

*“Developing and Revising HIV Policies”*

This second policy document, contains policy development resource information and procedures for evaluating HIV policies.

*“Policies and Procedures: Communicable Diseases - Model Policies for HIV Education, Infected Students and Staff, and Worksite Safety”* (OPI and MSBA)

This third policy document was co-developed by the OPI and Montana School Boards Association. This document includes the latest information in legal requirements for policy and presents policy information on worksite safety and student and staff rights.

Data Reports

*1995 Montana Youth Risk Behavior Survey (Grades 9-12)*

*1995 Montana Youth Risk Behavior Survey Summary Report*

*1995 Montana Youth Risk Behavior Survey: Grades 7-8*

*1995 Montana Youth Risk Behavior Survey: Alternative Schools*

*1995 Montana Youth Risk Behavior Survey: American Indian Students in Urban Schools*

*1995 Montana Youth Risk Behavior Survey: American Indian Students on Montana Reservations*

The Montana Youth Risk Behavior Survey, conducted every other year (odd-numbered), is designed to monitor behaviors that influence youth health and put them at risk for both health and social problems that can occur during adolescence and adulthood. The survey encompasses six topics: nutrition, intentional and unintentional injury, tobacco use, alcohol and drug abuse, physical inactivity, sexual behaviors, and dietary patterns.

*1994 Montana School Health Education Profile*

*1996 Montana School Health Education Profile: The Status of Health and HIV/AIDS Education in Montana Schools*

The School Health Education Profile is a survey conducted every other year (even-numbered), and is designed to determine the percentage of Montana schools that provide education to prevent important health risk behaviors as part of a comprehensive school health program.

## Guidance Resources

### *"Guidance in Montana: Guidelines for Program Development K-12"*

This booklet provides a framework and process for school districts to plan, design, implement and evaluate comprehensive guidance programs.

### *"Guidance in Montana: Ideas that Work"*

This manual contains a collection of curriculum activities and model programs written by, and for, school counselors. It is divided into six sections: elementary, middle school, high school, special programs, system support and resources.

### *"Follow-Up Studies: Using Surveys"*

This booklet assists schools in using follow-up studies to gather information that can be used to improve educational programs. It focuses on the development and use of surveys.

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# APPENDIX H

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## Additional Resources





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# ADDITIONAL RESOURCES

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## Reports:

1. "How Do We Know They Work? An Examination of Evidence for Effectiveness in School-Based Drug Prevention Programs," Report to Congress, February 1995, available from Research Triangle Institute, PO Box 12194, Research Triangle Park, NC 27709-2194.
2. "A Review of Alternative Activities and Alternative Programs in Youth-Oriented Prevention," CSAP Technical Report 13, Center for Substance Abuse Prevention, 1996.

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## Articles:

1. "Eleven Components of Effective Drug Abuse Prevention Curricula," Journal of School Health, December 1995, Vol. 65, No. 10.
2. "A Review of the Evaluation of 47 Drug Abuse Prevention Curricula Available Nationally," Journal of School Health, April 1997, Vol. 67, No. 4.

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## Booklets:

1. *Making the Grade: A Guide to School Drug Prevention Programs, Drug Strategies*, 2445 M Street, NW, Suite 480, Washington, DC 20037, \$12.95/copy.
2. *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide*, National Institute on Drug Abuse, March 1997, NIH Publication No. 97-4212, available from the National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20852, 1-800-729-6686.
3. *What Works: Schools Without Drugs*, U.S. Department of Education, 1992, also available from the Clearinghouse cite above.
4. *Conflict Resolution Education: A Guide to Implementing Programs in Schools, Youth-Serving Organizations, and Community and Juvenile Justice Settings*, available from the Juvenile Justice Clearinghouse, PO Box 6000, Rockville, MD 20849-6000, 1-800-638-8736.
5. *A Community Substance Abuse Indicators Handbook*, prepared by Join Together, Boston University School of Public Health and the Institute for Health Policy, 1997, available from Join Together, 44 Stuart Street, 6th Floor, Boston, MA 02116, 617-437-1500, \$10/copy.







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